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Patient Number	7173177
Issue Date	02/08/2007
First Named Inventor	Eric J. Gould
Title	User interface for simultaneous management of owned and unowned
Attorney Docket Number	6057-06301

I hereby revoke all previous powers of attorney given in the above-identified patent.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

35690

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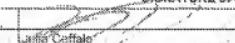
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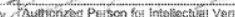
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 Inventor, having ownership of the patent.**OR** Patent owner \_\_\_\_\_ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_**SIGNATURE of Inventor or Patent Owner**

Signature	_____ 	Date	_____
Name	Linda Caffale	Telephone	_____

Title and Company:  Authorized Person for Intellectual Ventures Audio Innovations LLC

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of \_\_\_\_\_ forms are submitted.

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